

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
19828644  
FILING DATE  
APPLICANT(S)

AS FILED	AFTER		AFTER		CLAIMS					
	1st AMENDMENT	2nd AMENDMENT	1st AMENDMENT	2nd AMENDMENT	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1			51	1					
2		1		52	1					
3			1	53	1	1				
4				54	1		1			
5			1	55	1			1		
6		1		56	1		1			
7	4	4		57	1		1			
8	4	4		58	1		1			
9	4	4		59	1		1			
10	4	4		60	1	1	1			
11	4	4		61			1			
12	4	4		62			1			
13	4	4		63						
14	4	4		64			1			
15	4	4		65	1	1	1			
16	4	4		66	1		1			
17	4	4		67			1			
18	4	4		68			1			
19	4	4		69	1		1			
20	4	4		70			1			
21	4	4		71			1			
22	1	1		72			1			
23	4	1	1	73			1			
24	4	1		74	1		1			
25	5	5		75	1		1			
26	4	4		76	2		2			
27	4	4		77	2		2			
28	4	4		78	2		1			
29	4	4		79			1			
30	1	1	1	80			1			
31			1	81			1			
32			1	82			1			
33			1	83			1			
34		1	1	84			1			
35		1	1	85	3		2			
36		1	1	86	1		1			
37		1	1	87			1			
38		1	1	88	2	*	1			
39		1	1	89	2	*	1			
40	1	1	1	90			1			
41			1	91						
42			1	92						
43			1	93						
44			1	94						
45	1		1	95			1			
46	1		1	96	1		1			
47		1	1	97	1		1			
48		1	1	98	1		1			
49		1	1	99	1		1			
50		1	1	100			1			
TOTAL IND.	21	-	22	-	1	-				
TOTAL DEP.	17C	-	180	-	5	-				
TOTAL CLAIMS	C1	-	C2	-	C3	-				

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

## CLAIMS ONLY

SERIAL NO. 09/829,644  
FILING DATE  
APPLICANT(S)

1 101	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
2	1		1			
3	1		1			
4	1		1			
5	1		1			
6	1		1			
7	1		1			
8	1		1			
9	1		1			
10	1		1			
11	1		1			
12	1		1			
13	1		1			
14	1		1			
15	1		1			
16	1		1			
17	1		1			
18	1		1			
19	2		2			
20	2		2			
21	1		1			
22	1		1			
23	1		1			
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TOTAL IND.	X	/				
TOTAL DEP.	X	/				
TOTAL CLAIMS	X	/				

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

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